

DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. **CM2706FPL**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled **Fabric Treatment compositions comprising oppositely charged polymers** the specification of which

(check one) ☒ is attached hereto.
☐ was filed on _____ as United States Application No. or
PCT International Application No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
60/423483		4 November 2002		

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date
60/423483	4 November 2002		

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the registered practitioners associated with customer number _____ to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: 27752

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor, if any Patrick Firmin August DELPLANCKE

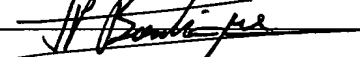
Inventor's signature  Date Nov 20, 02

Residence 29 Lange Meire, 9270 Laarne, Belgium

Citizenship BE

Mailing Address 29 Lange Meire, 9270 Laarne, Belgium

Full name of sole or second inventor Jean-Pol (NMN) BOUTIQUE

Inventor's signature  Date Nov. 20th, 02

Residence 32 rue Emile Labarre, 5030 Gembloux, Belgium

Citizenship BD

Mailing Address 32 rue Emile Labarre, 5030 Gembloux, Belgium

Full name of third inventor, if any Roland (NMN) WAGNER

Inventor's signature _____ Date _____

Residence 40 Kolbergerstr., 53175 Bonn, Germany

Citizenship DE

Mailing Address 40 Kolbergerstr., 53175 Bonn, Germany

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<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>	
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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Full name of first inventor, if any Patrick Firmin August DELPLANCKE
Inventor's signature _____ Date _____
Residence 29 Lange Meire, 9270 Laarne, Belgium
Citizenship BE
Mailing Address 29 Lange Meire, 9270 Laarne, Belgium

Full name of sole or second inventor Jean-Pol (NMN) BOUTIQUE
Inventor's signature _____ Date _____
Residence 32 rue Emile Labarre, 5030 Gembloux, Belgium
Citizenship BD
Mailing Address 32 rue Emile Labarre, 5030 Gembloux, Belgium

Full name of third inventor, if any Roland (NMN) WAGNER
Inventor's signature *Roland Wagner* Date _____
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Citizenship DE
Mailing Address 40 Kolbergerstr., 53175 Bonn, Germany